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INTRODUCTION

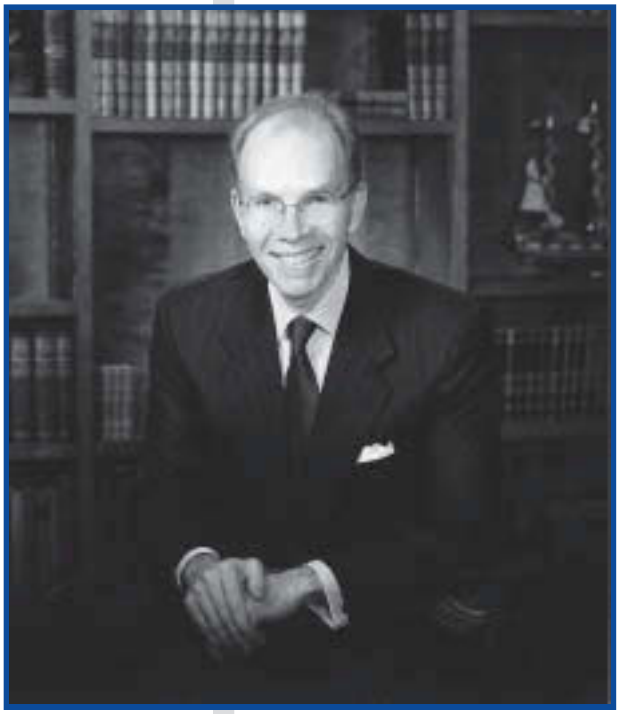
Welcome to the *Chief Financial Officer's Annual Report: FY 2001* issued for the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR), two of the federal agencies operating under the leadership of the Department of Health and Human Services (HHS). This report, developed under the auspices of the Reports Consolidation Act of 2000, documents how well CDC and ATSDR managed the federal funds provided us and recounts significant program accomplishments made possible through this funding. The information presented in this report provides the American public with an account of their return on their investment as taxpayers. It also documents our performance for decision makers at many levels, including HHS, the Office of Management and Budget, and the Congress, and for our many public health partners who support and further our mission.

Essentially this report has two main sections with numerous subsections. The first section constitutes an overview of CDC and ATSDR, descriptions of the major organizational components, and management and performance information. The second section contains the FY 2001 financial statements that document how we managed and disbursed our funds to complete our mission and responsibilities. This section also includes the independent, objective assessment of a team of auditors, an assessment that discusses in detail how accurately we have represented our financial condition, and any recommendations for improving our fiscal management.

If you need additional information, please visit www.cdc.gov or telephone CDC's Financial Management Office at 404/639-7400.

Message from the Director

I am pleased to present the *Chief Financial Officer's Annual Report: FY 2001* for the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). This report, prepared under the auspices of our Financial Management Office, pursuant to the Chief Financial Officers Act of 1990, the Government Management Reform Act of 1994, and related statutes, details our financial statements and provides an overview of the myriad services we provide the American people in support of the objectives, policies, and programs administered by the Department of Health and Human Services (HHS).



I am proud that for fiscal year 2001 CDC and ATSDR have received—for the fourth consecutive year—an unqualified or "clean" opinion on our financial statements. This documented record of providing effective financial stewardship for the public funds entrusted to us underscores our deep commitment to protect the health and safety of Americans, provide credible information, and promote health through vital partnerships.

CDC and ATSDR together strive to reduce the death, illness, and disability in the United States and throughout the world. Safeguarding the health and safety of our nation has always been a complex, unending task, and we at CDC will continue striving to serve the American public in the professional, competent manner that has characterized CDC and our work for the past 55 years. As we all now know, however, the horrific atrocities that occurred in America on September 11, 2001, and the subsequent bioterrorism attacks have changed forever how we live our lives and how we view our world.

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During FY 2001, we continued to make crucial capital improvements in fulfilling our plan for modernizing our laboratories and support facilities on two secure CDC-owned campuses. Through such improvements, CDC and ATSDR will be better able to continue

saving lives and dollars through our public health activities and initiatives and to recoup our nation's investment at home and abroad.

The Reports Consolidation Act of 2000 requires an assertion on the information contained in this report. Based on my understanding of the work performed by our independent auditors, internal agency reviews, and CDC management controls, I believe the information contained in this report is reasonably complete and reliable. In addition, *Centers for Disease Control and Prevention's FY 2003 Performance Plan, FY 2002 Final Performance Plan, and FY 2001 Performance Report* will provide information about how CDC's programs will verify and validate performance data, including the completeness and reliability of those data.

I welcome your interest in CDC and ATSDR, and I invite you to read this report for more information about our organizational structure, finances, programs, and accomplishments for FY 2001.

Jeffrey P. Koplan, MD, MPH
Director, Centers for Disease Control and Prevention and
Administrator, Agency for Toxic Substances and Disease Registry

CDC/ATSDR: An Overview

The Department of Health and Human Services (HHS) is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. HHS comprises 13 major operating components, of which the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are two.

CDC, which was founded in 1946, has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is globally recognized for conducting research and investigations. CDC is also action-oriented—it applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. Today CDC is recognized as the federal agency for

- protecting people's health and safety,
- providing reliable health information for the public,
- improving health through strong partnerships.

ATSDR was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act—also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances. Headquartered in Atlanta, the agency also has 10 regional offices and an office in Washington, D.C., and a multidisciplinary staff of about 400 persons, including epidemiologists, physicians, toxicologists, engineers, public health educators, health communication specialists, and support staff.

Although CDC and ATSDR have independent visions and mission statements, both strive to protect and improve the health of the American public. The Director of CDC also serves as the Administrator of ATSDR.

This annual report provides information about CDC's and ATSDR's principal financial statements for fiscal year 2001 (see pages 63–129), including a consolidating balance sheet, a consolidating

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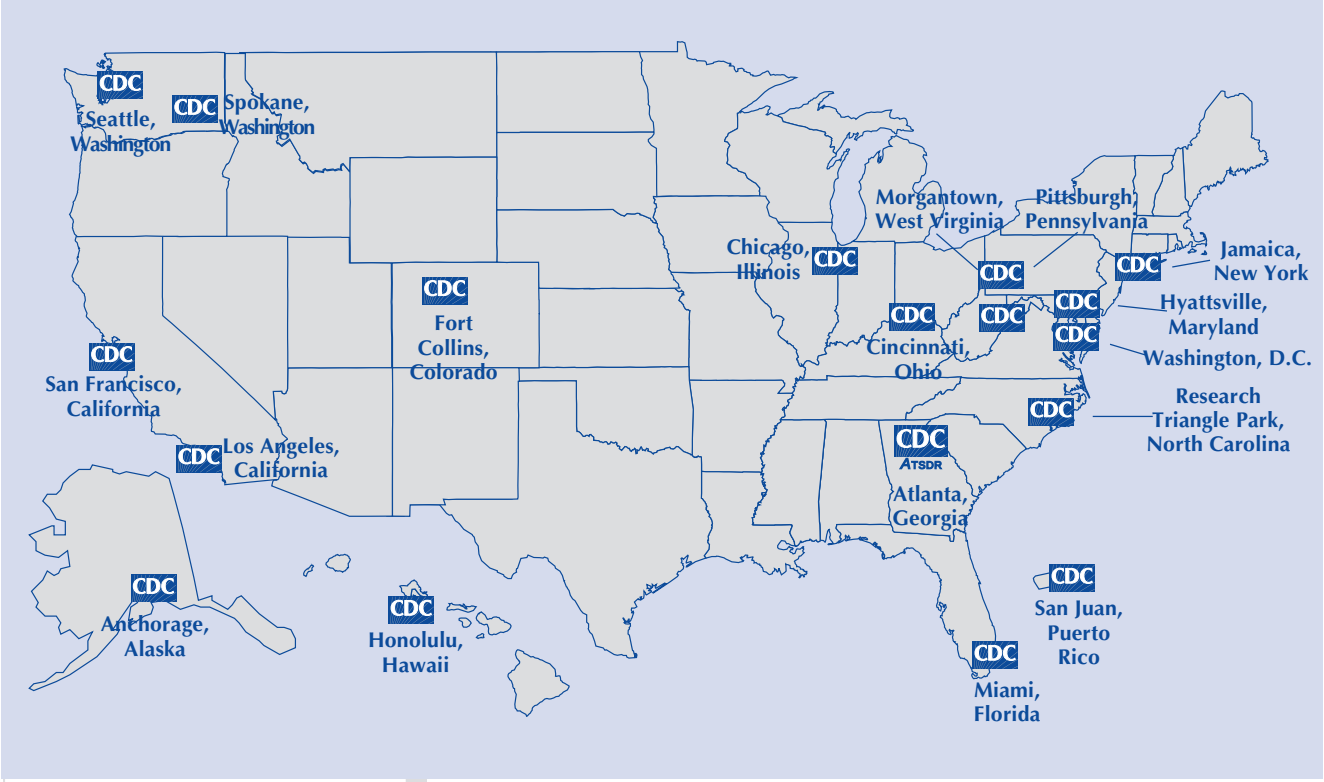
statement of changes in net position, a consolidating statement of net cost, a consolidated statement of financing, and a combined statement of budgetary resources. It also serves as an overview to CDC/ATSDR and as a guide to selected program activities and accomplishments during 2001.

Workforce and Organization

The workforce at CDC and ATSDR comprises approximately 8,500 employees in 170 occupations with a public health focus, including physicians, statisticians, epidemiologists, laboratory experts, behavioral scientists, and health communicators. This culturally and ethnically diverse workforce represents a cross section of American



society. CDC supports staff development and training through intramural programs, such as the CDC Corporate University, and through training and education opportunities that range from attending workshops and seminars to completing advanced degrees. A CDC-wide mentoring program fosters other valuable but less formal training. Constantly improving its workforce—the agency's most crucial and complex resource—ensures that CDC can better serve the public.

Because of its talents, training, and diversity, this workforce is well-positioned to serve the American public, to meet the health goals for our nation as set forth by the Department of Health and Human Services in *Healthy People 2000* and *Healthy People 2010*, and to respond to disease outbreaks and health crises worldwide. Although many people associate CDC with its national headquarters in Atlanta, more than 2,000 CDC employees work at other locations throughout the United States. Additional CDC staff are deployed to more than 37 other countries, assigned to 47 state health departments, and dispersed to numerous local health agencies on both long- and short-term assignments.

CDC's major organizational components respond individually in their areas of expertise and also pool their resources and expertise on crosscutting issues and specific health threats. In 2001, the agency comprised these 11 major program components:

- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) prevents premature death and disability from chronic diseases and promotes healthy personal behaviors.
- National Center for Environmental Health (NCEH) provides national leadership in preventing and controlling disease, disability, and death that result from the interactions between people and their environment.
- National Center for Health Statistics (NCHS) provides statistical information that will guide actions and policies to improve the health of the American people.
- National Center for Infectious Diseases (NCID) prevents illness, disability, and death caused by infectious diseases in the United States and around the world.
- National Center for Injury Prevention and Control (NCIPC) prevents death and disability from nonoccupational injuries, including those that are unintentional and those that result from violence.
- National Institute for Occupational Safety and Health (NIOSH) ensures safety and health for all people in the workplace through research and prevention.
- National Center for HIV, STD, and TB Prevention (NCHSTP) provides national leadership in preventing and controlling human immunodeficiency virus infection, sexually transmitted diseases, and tuberculosis.

- National Immunization Program (NIP) prevents disease, disability, and death from vaccine-preventable diseases among children and adults.
- National Center on Birth Defects and Developmental Disabilities (NCBDDD) works to prevent birth defects and secondary disabilities.
- Epidemiology Program Office (EPO) strengthens the public health system by coordinating public health surveillance; providing support in scientific communications, statistics, and epidemiology; and training in surveillance, epidemiology, and prevention effectiveness.
- Public Health Practice Program Office (PHPPO) strengthens community practice of public health by creating an effective workforce, building information networks, conducting practice research, and ensuring laboratory quality.

Protecting the Health and Safety of Americans

Improvements in sanitation and the prevention of diseases through vaccines are credited with dramatic gains in life expectancy, gains that occurred because of public health actions. A century ago, pneumonia and tuberculosis were the two leading causes of death in the United States. Then in the 1940s, a critical focus of our nation's health priorities was the control of malaria among military personnel during World War II. From these programs came the genesis of the Centers for Disease Control and Prevention. Since its inception, CDC has been at the forefront of efforts to improve the health and well-being of Americans. But the scope and range of those efforts has greatly expanded since CDC's inception.

Today the ever-expanding catalog of serious threats to the health and well-being of our nation's population includes emerging and documented diseases; viruses, fungi, and other organisms; unintentional injuries and violence; and birth defects and disabilities. This catalog would be incomplete without also including risky health behaviors and uninformed decisions; threats from bioterrorism; genetic engineering; and access to health care and health information.

CDC dedicates many resources toward solving those complex, crosscutting health problems. Tackling such problems requires a broad array of skills, abilities, and experience. CDC must be able to direct research, adapt resources, and balance priorities as needed; employ diverse tactics for preventing and responding to health

threats; and forge effective public and private partnerships. CDC and its partners confront challenges that reinforce, reshape, and expand the traditional roles of public health agencies. Responding to these challenges involves such activities as

- investigating disease outbreaks in the United States and around the world;
- preparing for and responding to terrorist events;
- probing the realms of viruses, bacteria, and parasites in seeking ways to control both emerging and reemerging pathogens;
- protecting the food and water supply from both inadvertent and deliberate contamination;
- curbing the toll of death and disability from preventable injuries;
- stemming the epidemic of obesity in the United States;
- convincing the public that altering certain behaviors will yield long-term health dividends;
- educating our young people about the risks of HIV, unintended pregnancy, tobacco use, physical inactivity, and poor nutrition;
- translating biomedical research findings into practice in communities;
- eliminating disparities in the health of all Americans.

Providing Credible Health and Safety Information

Having up-to-date, credible information about health and safety readily available is essential for people across all stages of life and health practitioners to make rational decisions, decisions that have both immediate and long-term implications. CDC has internationally recognized expertise and credibility in disciplines such as public health surveillance, epidemiology, statistical analysis, laboratory investigation and analysis, health communications and social marketing, behavioral risk reduction, technology transfer, and prevention research. CDC is well-suited to develop and disseminate credible and practical health information that helps make our food supply safer, identifies harmful behaviors, and improves our environment.

CDC/ATSDR relies on various means to make this crucial health information widely and immediately available, including Internet Web sites and e-mail; books, periodicals, and monographs; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; and answers to public inquiries.

In addition to serving the public, CDC delivers critical health information to public health officials and to health providers. For instance, the practicing medical and dental communities and the nation's health care providers receive numerous official CDC recommendations concerning the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC offers technical assistance and training to health professionals as well.

CDC/ATSDR is positioned in the vanguard of efforts to spread the word about having children wear bicycle helmets, teaching young women about preventing birth defects by taking folic acid, quitting smoking, eating sensibly and exercising regularly, making sure children are vaccinated, alerting the public to environmental hazards, and numerous other public health messages that need either to be heard for the first time or to be reinforced.

Promoting Health through Strong Partnerships

Throughout its history, CDC has recognized the significance of developing and sustaining vital partnerships with various public and private entities that improve and expand the scope of public health services for the American people. CDC's numerous partners in conducting effective prevention and control activities include

- public health associations;
- state and local public health departments;
- practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- schools and universities;
- communities of faith;
- community, professional, and philanthropic organizations;
- nonprofit and voluntary organizations;
- business, labor, and industry;
- the CDC Foundation and other foundations;
- international health organizations;
- state and local departments of education.

CDC's partners implement most of the agency's extramural programs, programs that are tailored to reflect local and community needs. These myriad partners also contribute by serving as consultants to CDC program staff, by sitting on advisory bodies at CDC, and by attending CDC-sponsored seminars and conferences. These diverse perspectives serve to generate new opportunities for collaborations, help shape key strategies, and provide another means for staying focused on the needs of the American public. Sustaining these partnerships requires tremendous coordination and communication.

In 2001, about 75% of CDC's budget ($4.7 billion)—provided through extramural grants, cooperative agreements, and program contracts—was spent on public health work performed by CDC's partners. CDC dispersed most of those funds to state and local health departments as grants and cooperative agreements to be used for supporting and developing public health programs to prevent and control diseases and injuries. In addition, CDC funds extramural research through such programs as the Prevention Research Centers Program, which supports a prevention research agenda at 24 schools of public health throughout the country.

Vision and Mission

CENTERS FOR DISEASE™ CONTROL AND PREVENTION

CDC's Mission

To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC's mission further distills how the agency will achieve its vision. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

CDC's Core Values

Accountability—As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people's health. We ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals.

Respect—We respect and understand our interdependence with all people, both inside the agency and throughout the world, treating them and their contributions with dignity and valuing individual and cultural diversity. We are committed to achieving a diverse workforce at all levels of the organization.

Integrity—We are honest and ethical in all we do. We will do what we say. We prize scientific integrity and professional excellence.

Vision and Mission

CDC's Pledge

CDC pledges to the American people:

- To be a diligent steward of the funds entrusted to it.
- To provide an environment for intellectual and personal growth and integrity.
- To base all public health decisions on the highest quality scientific data, openly and objectively derived.
- To place the benefits to society above the benefits to the institution.
- To treat all persons with dignity, honesty, and respect.

CDC's Vision for the 21st Century

"Healthy People in a Healthy World—Through Prevention"

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to

- protect people's health and safety,
- provide reliable health information,
- improve health through strong partnerships.

ATSDR

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

ATSDR's Vision for the 21st Century

"Healthy People in a Healthy Environment"

This vision conveys the desired results of ATSDR's commitment to controlling or eliminating the public's exposures to hazardous substances that contaminate the environment and to promoting healthy behaviors that reduce the risk for adverse health effects due to environmental toxins.

ATSDR's Mission

To prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

To achieve its mission and related goals, ATSDR manages programs that support seven key areas:

- public health assessments and consultations,
- health studies,
- the national exposure registry,
- toxicological profiles,
- applied research,
- emergency response,
- health education and promotion.

CDC's Program Management Overview

CDC and ATSDR strive to support fully HHS' crucial public health mission and the President's Governmentwide Management Reforms, which were announced during FY 2001. The Federal Managers Financial Integrity Act (FMFIA) sets forth conditions and standards that ensure the public's resources are protected from fraud, waste, and abuse. CDC's program managers, under the umbrella of HHS, strive to ensure that CDC's program operations and systems function efficiently and effectively and to identify and correct any problems with management controls that could affect its fiscal stewardship and accountability. These summaries, taken together, provide an overview of key management initiatives under way at CDC.

Financial Management Excellence

During the last decade, the magnitude both of CDC's budget and of our public health responsibilities has dramatically increased. More than two years ago, CDC's management started reviewing key fiscal management issues and subsequently developed a Financial Management Excellence Initiative to improve fiscal management practices in these areas:

- *Fiscal Structure/Budget Simplification*—This first major change in the agency's budget structure in 30 years simplifies CDC's funding and aligns it more closely with the CDC's organizational setup.
- *New Method for Cost Allocation*—CDC has developed, with assistance from specialized consultants and accountants, a new method for allocating indirect costs. This method, which will be implemented during FY 2002, will directly link users of centrally mandated services—the normal, recurring expenses such as GSA rental payments, utilities, postage, maintenance, security services, and departmental assessments—with the cost of performing those services.
- *Financial Systems*—CDC has been working to enhance and improve its fiscal management activities in areas such as core

accounting competencies, professional staff recruitment, financial systems, training, and customer service. CDC is an integral partner in HHS's initiative to develop a unified financial management system, thereby reducing the number of financial systems operated by the department and consolidating redundant financial operations.

- *Leadership and Staffing*—A key CDC priority is strengthening its accounting staff by recruiting and hiring qualified experienced accountants, certified government financial managers, and certified public accountants. CDC recently appointed three senior accounting positions and a Senior Executive Service-level Deputy Director for Finance and Accounting and is developing a Financial Management Certificate Program to build fiscal excellence.
- *Communications and Training*—CDC will further increase its investment in educating and training financial management staff. The certification program will enable CDC's financial management staff to hone and improve their financial management skills. CDC shares information about fiscal procedures and issues through various channels, including its Financial Management Office Intranet Web site (http://intra-apps.cdc.gov/fmo), and also plans to host regular forums for discussing fiscal management issues.

Financial Management: CFO Audit

CDC and ATSDR have received—for the fourth consecutive year—an unqualified audit opinion, as documented in its *Chief Financial Officer's Annual Reports* for each of those years. An unqualified audit opinion indicates that the CDC financial statements present fairly, in all material respects, the financial position of CDC in accordance with generally accepted accounting principles. Although the auditors do not express an opinion on internal controls, the auditors test selected controls, assess significant estimates made by management, and evaluate overall financial statement presentation.

CDC's management carefully considers the recommendations made by our independent auditors. In response to previous audit recommendations, CDC initiated a number of specific improvement activities. During FY 2001, CDC obtained contractor assistance to develop an automated system for recording, billing, collecting, and reporting reimbursable agreements. Although the project is not yet

complete, CDC has made significant progress. CDC also filled accounting staff vacancies, provided additional training for the accounting staff, and made significant improvements to the accounting system tables that support the Standard General Ledger. In addition, CDC developed a comprehensive year-end closing plan that documents the closing procedures and provides close coordination between accounting, budget, financial systems, and program offices.

Systems, Controls, and Legal Compliance

Systems—CDC's accounting system has remained largely unchanged over the past 10 years, but reporting requirements have grown dramatically. In response, CDC is devoting significant resources to additional system improvements such as automation of the reimbursable billings and streamlining the steps required to produce the financial statements. CDC is also an active participant in the HHS initiative to develop a unified financial management system. The new system will permit real-time processing, make system maintenance more efficient, and will comply with current accounting and data system standards.

Controls—CDC's financial system use a range of automated and management controls to ensure system integrity. Automated controls are designed to restrict unauthorized access to the system; ensure separation of duties; control daily and monthly updating of the system database; and provide periodic reconciliation reports. Management oversight includes reviews performed under the Federal Managers' Financial Integrity Act; monthly and quarterly review of the status of obligations; annual inventory of government property; and various monthly reconciliation procedures.

Legal Compliance—CDC must comply with a broad range of laws and regulations. These laws cover such requirements as budget execution; ethical conduct of employees; legality of payments and collection of debts. CDC has generally complied with laws and regulations applicable to its operations, but our financial auditors have recommended improvements to strengthen the timeliness and accuracy of our financial reporting. CDC is working to address these concerns by improving the automation of our current reporting processes and also working with HHS to develop a new unified accounting system.

Future Challenges

In response to emerging health threats, CDC's budget has grown significantly in recent years. As our budgets and programs expand, CDC must continue current efforts to improve administrative and financial systems. Attracting, training and developing professional staff will also be a challenge for the foreseeable future.

Budget and Performance Integration

During the past five years, CDC has consistently worked to improve the linkages between program performance and the budget. This work has included these key steps:

- Planning at all levels of the organization, which has resulted in greater detail about the strategies, goals, objectives, and results of CDC's programs.
- Collaborating with partners to identify and refine meaningful performance measures. These discussions have resulted in clearer expectations about the intent, outcomes, and challenges in managing CDC's program.
- Changing business practices to emphasize accountability during program reviews conducted for the CDC Director; improving fiscal forecasting through financial systems that allow for more accurate budget projections; and requiring new initiatives to include performance measures and evaluation strategies.
- Creating a clear, direct link between CDC's Performance Plan and its budget request through various strategies, such as efforts to increase communication between planning, program, and budget staff at all levels of the organization and collaboration between individuals and offices responsible for implementing various performance improvement activities, including GPRA, the CFO Act, and the Clinger-Cohen Act.

Workforce Planning: Managing Our Human Capital

CDC/ATSDR employs more than 8,700 individuals in nearly 190 occupational specialties that support our programmatic initiatives. The workforce comprises permanent civil service staff (78%), temporary employees (12%), and Commissioned Corps employees (10%). CDC/ATSDR meets its workforce requirements

by recruiting qualified staff and by training and developing its workforce. In support of the President's Governmentwide Management Reforms, CDC has submitted a "restructuring and delayering plan" that emphasizes reducing the number of managers, organizational layers, and the time it takes to make decisions; increasing the span of control; and redirecting employees to customer service positions.

Security of Information Technology

CDC continually refines and reviews its performance in and plans for addressing the most significant risks to its technology infrastructure and all policies, technical standards, and procedures to ensure their currency, effectiveness, and completeness. CDC's secure data network uses public key infrastructure to implement strong authentication, encryption, and digital signatures to ensure reliable, protected, authenticated, and nonreputable data exchanges over the Internet for public health surveillance. For example, CDC has issued more than 3,000 digital certificates to partners in state and local health departments and more than 7,000 one-time passcode tokens that ensure the authentication of staff accessing CDC systems remotely. CDC has also greatly improved its network-based virus prevention, intrusion detection and protection, disaster recovery, and other security areas.

Reengineering Grants Management

CDC has made significant progress in improving its grants management program through these management initiatives:

- completing 70% of a comprehensive assistance management manual being developed to provide policy and procedural guidance for grants and program staff at CDC;
- increasing investments in the grants management office for information technology and systems, training, and travel to grantees;
- implementing the balanced scorecard to monitor satisfaction of grant staff, program staff, and grantees;
- developing a database to help program officials identify and locate objective reviewers to serve on grant reviews;

- identifying initiatives for reengineering business processes that will improve the operation of the current grants management process and to analyze workload and design a workload matrix by position and grade level;
- developing a training manual for grants management.

CDC's E-Grants project has also entered a partnering arrangement with the National Aeronautics and Space Administration (NASA) and other HHS agencies to implement at CDC the NASA Web-based E-Grants system. This system integrates with the Federal Commons, a federal Internet portal for grants management, for advertising grant opportunities and allows applicants to apply for a grant, track the status of an application, and interact with CDC throughout the process. CDC's state grantees are slated to be the initial target audience once this system is available.

E-Government

In concert with the Administration's emphasis on E-Government, CDC continues refining its strategies for conducting E-Commerce. In addition to its leadership role in securing data communications over the Internet and efforts to reengineer its grants management (see previous sections), CDC is also focusing on these key strategies.

- *E-Commerce*—Following HHS' lead, CDC will be conducting its E-Commerce business through E-Procurement and E-Grants. CDC's automated contracting and purchasing will integrate with the federal governmentwide Web site, www.FedBizOps.gov, which has been designated as the single source for federal government procurement opportunities that exceed $25,000.
- *CDC Web Site*—More than 4 million different visitors per month make CDC's Web site one of the most frequently visited government Web sites. Key improvements and additions will include making the Web site easier to use and navigate, providing more interactive tools, and enriching the content and expanding its content.
- *Government Paperwork Elimination Act (GPEA)*—CDC continues working toward compliance with GPEA by the October 2003 deadline by providing various means to collect and disseminate information electronically and making extensive use of the CDC Web site as a portal for distributing both consumer and professional health information and publications.

Physical Infrastructure: Buildings and Facilities

CDC's management has the responsibility to ensure that its staff has facilities and equipment adequate to carry out CDC's public health mission; that all facilities, particularly laboratories, are safe for both workers and the community; that the taxpayer's investment in these facilities is protected through effective maintenance and operations; that facilities meet applicable fire and life safety codes; and, responsible energy consumption is standard practice in all CDC facilities. To meet those goals, CDC's management monitors the adequacy of space assignments and the conditions of CDC's facilities. CDC's management determines the need for repairs and improvements and schedules major and minor renovation, construction, and other facilities projects. During FY 2001, CDC spent $175 million for buildings and facilities, largely for the ongoing construction of new facilities at its Roybal and Chamblee campuses.

Physical Security

As part of the ongoing process of improving security for all facilities, CDC/ATSDR management has initiated these steps:

- Increased security guard force and armed selected guard posts.
- Restricted entry points to laboratories and buildings, enforced displaying of ID badges, enforced visitor escorts and sign-in and sign-out logs, and enforced the usage of cardreaders (no piggy backing).
- Required inspecting or scanning, or both, for all bags, random car searches, and inspecting delivery vehicles.
- Tested emergency notification systems and established security e-mail.
- Restricted access to the Roybal Campus through new and improved barriers and fences.

Bioterrorism

Before the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks via the postal systems, HHS had given CDC key responsibilities to help protect our nation from, and respond to, acts of bioterrorism. CDC's major contributions to this effort include the following:

- *Established a bioterrorism emergency preparedness grant program* in nine states and two communities, New York City and Washington, D.C., to provide funding and technical assistance for assessing and coordinating services, and for developing response plans.
- *Awarded, through FY 2001, more than $45 million in cooperative agreements* to 50 states, Guam, and four major metropolitan health departments (Chicago, Los Angeles, New York City, and Washington, D.C.) for such activities as enhancing epidemiology and surveillance capacity and improving laboratory capacity for detecting and identifying biologic and chemical agents.
- *Expanded the Health Alert Network*, which lays the foundation for a nationwide health communications system, to reach all 50 states, one territory, and four major cities.
- *Increased to 120 the number of chemicals in the Rapid Toxic Screen*, which in the event of a chemical emergency or situation involving chemical terrorism, would provide vital information on chemical agents. CDC also funded five state environmental health laboratories to provide additional surge capacity in the event of a major chemical terrorism incident.
- *Revised the eight National Pharmaceutical Stockpile 50-ton "push packages"* that contain medical and pharmaceutical materials stored in special weather-resistant cargo containers. These portable stockpiles can be rapidly deployed to a disaster site.

GPRA: Ensuring Performance Management

During the past several years, CDC has engaged in planning processes with its partners in state and local health departments, the Department of Health and Human Services, and internal staff to establish a long-term commitment to achieving public health outcomes. Those joint efforts have resulted in the creation of a performance plan that clearly describes CDC's intended performance, including strategies involved in achieving desired results and data to assess the success of those strategies. In fiscal year 2001, CDC extensively revised its performance plan and report, changing the organization of the report to be consistent with CDC's new budget structure, describing CDC's programs in terms analogous with our identity themes, and enhancing "performance stories" for all programs.

CDC has now completed two full cycles of implementing the Government Performance and Results Act (GPRA). These cycles include strategic planning, annual planning, and program assessment and reporting. During FY 2001, CDC worked to create a more robust performance management system that spans multiple years and provides trend data wherever possible. CDC continues to provide targets and baseline measures for all FY 1999, 2000, and 2001 performance measures. Also, we provided information on actual performance for most of the performance measures contained in our multiyear plan.

As was the case in developing CDC's initial performance plan, CDC has continued to emphasize supporting the HHS strategic goals and the national health promotion and disease prevention objectives in *Healthy People 2000* and *Healthy People 2010*. Developing performance goals and targets for health promotion and disease prevention are difficult because public health problems and their solutions are often determined externally by societal changes and environmental events instead of by planned internal actions. For this reason, CDC's goals and measures project a broad, overarching approach that targets the underlying causes of disease, disability, and injury. Those underlying factors have been termed the "actual causes of death" and their toll on our nation's health, in terms of health care costs and years of potential life lost, is significant.

Since its initial efforts in implementing GPRA, CDC has continued to work with its partners and HHS to update and integrate enhancements to its performance plans and reports. CDC's success in developing a good performance plan is based on its use of and access to data and the ability to communicate the linkage between CDC's programs and the desired health outcomes.

CDC's reliance on data and access to data are exemplified by its approach to public health problems. In order to address these problems, CDC uses a reliable, proven, flexible four-step process that adapts to the wide variety of problems that are subjects of CDC programs: infectious diseases, environmental and occupational health, injuries, and chronic diseases. This public health approach consists of detecting and defining a problem through surveillance, determining the causes, developing and testing potential strategies for handling the problem, and implementing nationwide prevention programs. The approach is solidly based in science and is reflected in CDC's programs as well as its evaluation of programs.

As of December 31, 2001, CDC has achieved or exceeded targets set for 145 of the 217 performance measures in CDC's FY 2001 Performance Report. Only 20 targets were not met, and data are outstanding for 52 of the performance measures contained in the plan. Measures with outstanding data will be reported as soon as results become available. We anticipate that we will have data available for 45 measures in 2002 and for six measures in 2003; data for one measure will not be available until 2004. However, at this point, CDC has achieved or exceeded 88% of its targets for which data are available.

Numbers, of course, tell only part of CDC's performance story. In an ongoing effort to improve our performance plan and report, we revised our plan so that each section now addresses the three CDC identity themes in greater detail:

- protecting the health and safety of Americans,
- providing credible information to enhance health decisions,
- promoting health through strong partnerships.

For the latest detailed descriptions about CDC's programs, their intended results, and ongoing activities, see the publication *Centers for Disease Control and Prevention's FY 2003 Performance Plan, FY 2002 Final Performance Plan, and FY 2001 Performance Report* (available spring 2002).

SEPTEMBER 11, 2001: A DEFINING MOMENT

Testifying before the Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, United States Senate, on October 23, 2001, Jeffrey P. Koplan, MD, MPH, Director, Centers for Disease Control and Prevention, Department of Health and Human Services, stated that "Prior to the September 11th attack on the United States, CDC was making substantial progress toward defining, developing, and implementing a nationwide public health response network to increase the capacity of public health officials at all levels—federal, state, and local—to prepare for and respond to deliberate attacks on the health of our citizens. The events of September 11th were a defining moment for all of us."

CDC, on behalf of HHS, provides national leadership in the public health and medical communities to detect, diagnose, respond to, and prevent illnesses, including those that could occur as a result of bioterrorism or any other deliberate attempt to harm the health of our citizens. When the terrorists attacked our nation on September 11, 2001, CDC's staff were suddenly part of a coordinated HHS response. Within a few hours, the first CDC personnel were en route to New York City aboard a chartered private aircraft that had been granted flight clearance by the Federal Aviation Administration, shortly after it had grounded all commercial and private flights.

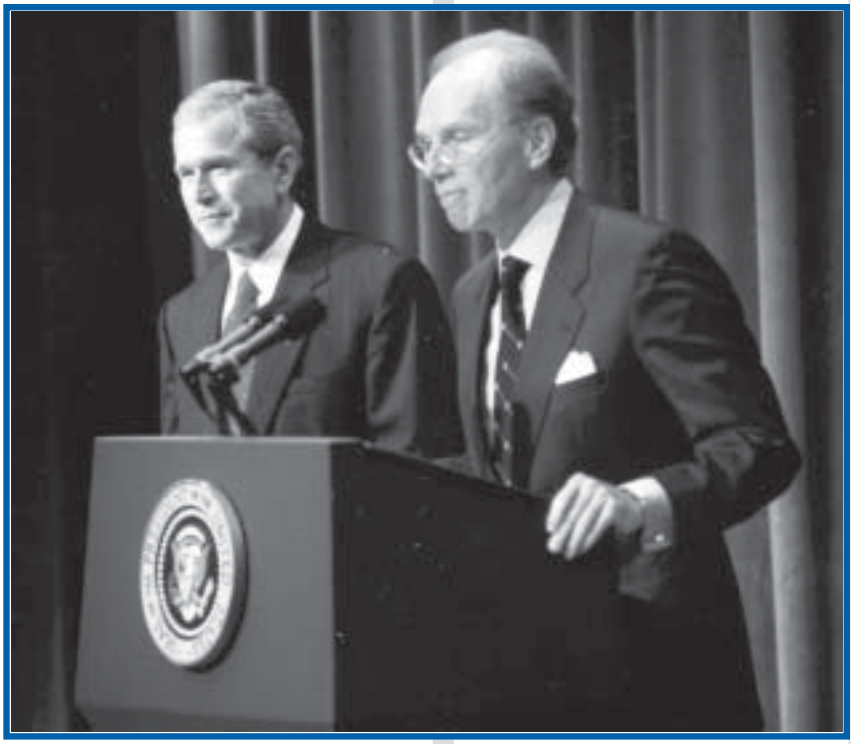
RESPONDING TO THE UNTHINKABLE

Following the September 11th terrorist attacks, federal, state, and local governments and agencies engaged in a massive, interlocking response. These are some highlights of CDC's contributions to the overall HHS response during the first crucial week.

On September 11, CDC deployed the first of its massive 50-ton "push packages" containing pharmaceuticals, medical supplies, and other materials to cover a spectrum of medical needs to respond to an emergency involving mass casualties. Eleven technical assistance personnel who would help to distribute the "push

package" arrived in advance. Tragically, the number of fatalities exceeded the number of injured persons in this instance.

The next day, CDC dispatched four epidemiologists and two laboratory experts to help assess medical needs and capacity planning for treating victims in the New York City's hospitals and an emergency response specialist to assist the city health department coordinate broad scale emergency medical efforts. CDC staff also watched for signs of possible secondary diseases, including infectious disease and the effects of dust and other debris and assisted rescue workers who had been injured or exposed to health-threatening materials.



President George W. Bush, who visited CDC during the investigatory phase following the anthrax attacks in October 2001, received an enthusiastic reception following his introduction by Jeffrey P. Koplan, MD, MPH, Director, Centers for Disease Control and Prevention and Administrator, Agency for Toxic Substances and Disease Registry.

From its headquarters, CDC staff also worked with tetanus vaccine manufacturers and the public health departments of New York and Washington, D.C., to confirm that adequate supplies of tetanus vaccine would be sent directly to each location. Following emergency procedures, on September 11, CDC activated its Health Alert Network to alert all state and local health departments to watch for any unusual disease symptoms and to provide information on safe handling of bodies and ensuring against any possible spread of disease.

By September 14, CDC, in the largest deployment ever of its Epidemic Intelligence Service (EIS), sent 35 EIS specialists to assist the New York City Health Department in monitoring disease outbreaks and in assessing how to best use health care resources. CDC also sent occupational health specialists to New York City to assess rescue worker safety and ensure appropriate precautions were taken to minimize risk. A contingent of 14 additional personnel, including 13 more EIS specialists, arrived next to aid with patient care and other follow-up needs.

CDC staff also provided similar public health support to authorities in Washington, D.C., in the aftermath of the September 11 attack on the Pentagon.

Preparation for Bioterrorism Leads to Rapid Response

CDC's actions as part of the HHS overall response to protect Americans affected by the anthrax mail attack, which was detected in October 2001 after the start of fiscal year 2002 for the federal government, will be reported on more fully in our FY 2002 Chief Financial Officer's Annual Financial Report.

Since 1999, CDC, under the leadership of HHS, has heightened its focus and capability to respond to instances of bioterrorism. Funding and preparedness for bioterrorism had increased during FY 2001, well before the terrorists attacks in September. This groundwork helped CDC to discover the surreptitious attacks early and to alert state and local health departments quickly. Before these incidents, the public health system in the United States had little experience with the deliberate release of biological agents to cause major disease outbreaks. Though CDC has confirmed 18 cases of anthrax infection nationwide and five fatalities from those infected, the number of fatalities could have been much higher without the prompt response of multiple public health agencies, made feasible by the ongoing efforts during the past few years to prepare for just such an incident. The full scope of these efforts will likely not be known for some time as events continue unfolding.

During his visit to CDC, President George W. Bush inspected laboratory equipment and facilities, accompanied by CDC Director Jeffrey P. Koplan, MD, MPH, and Steven D. Bice, MEd, Director of CDC's National Pharmaceutical Stockpile program.

FY 2001 Selected Performance Indicators

CDC and ATSDR serve the nation by protecting people's health and safety, providing health information that people can count on, and improving health through strong partnerships. Together these agencies are responsible for addressing a wide spectrum of health problems and emerging health threats; conducting surveillance and monitoring health threats to evaluate the effectiveness of public health preparedness and responses; communicating about public health issues for professional and lay audiences; conducting and evaluating prevention research; devising strategies to reduce racial and ethnic health disparities; providing training for the CDC/ATSDR workforce and for health professionals from other public health agencies and partners; and delivering essential preventive services.

The following compilation of activities highlight CDC/ATSDR's performance during FY 2001 and demonstrate our commitment to achieving results in public health results. These highlights show how these activities are translated into practical programs—documenting how our health programs directly benefit state health departments, health care providers, and voluntary organizations that collaborate with CDC/ATSDR and, most importantly, directly and indirectly lead to the ultimate benefit of making our nation, and our world, home to a population of safer, healthier people. Many public health efforts result in considerable financial savings; others carry a net cost but represent an important investment in saving lives.

The compilation of performance indicators featured in this report are not intended as a complete accounting. For that, the best, most complete source is the publication *Centers for Disease Control and Prevention's FY 2003 Performance Plan, FY 2002 Final Performance Plan, and FY 2001 Performance Report*. This publication outlines CDC's response to the Government Performance and Results Act by specifying key strategies, goals, and performance measures for achieving specific results in each of its major program areas, and linking its performance outcomes to available resources.

In discharging its public health responsibilities, CDC/ATSDR supports four of the six major goals that guide the activities of the various agencies that together form the Department of Health and Human Services:

- Goal 1: Reduce major threats to the health and productivity of all Americans.
- Goal 4: Improve the quality of health care and human services.
- Goal 5: Improve the nation's public health systems.
- Goal 6: Strengthen the nation's science research enterprise and enhance its productivity.

CDC/ATSDR delivers this support through programs that focus on crucial public health issues, including infectious diseases, immunizations, chronic diseases and conditions, environmental and occupational health, injury prevention, sexually transmitted diseases, HIV/AIDS prevention, cardiovascular disease, health promotion, health statistics, prevention research, tuberculosis elimination, childhood and adolescent health, traveler's health, and cancer prevention and control.

Bioterrorism

CDC has been working to address critical areas related to the rapid deployment of critical information and resources, to improve the public health infrastructure for detection and response, and to prepare for rapid deployment of "push packages" containing pharmaceutical and medical supplies. These behind-the-scenes efforts to prepare our country for the specter of bioterrorism suddenly moved to center stage after the terrorist attacks on September 11, 2001. CDC rapidly deployed the first of these push packages to aid rescue and recovery efforts in New York City and sent staff to New York City and Washington, D.C. CDC also activated its Health Alert Network, which provides rapid information to all health departments, and sent teams of specialized personnel to assist state and local efforts at the sites of the attacks.

Bioterrorism performance measures relate to HHS Goal 5, Objective 5.1: Improve the capacity of the public health system to identify and respond to the threats to the health of the nation's population.

Performance Goal: Procure, maintain, and upgrade the materials and supplies in the National Pharmaceutical Stockpile as necessary to augment federal, state and local response to a bioterrorist event.

Responded to the September 11, 2001, terrorist attacks on New York City and Washington, D.C., through the initial deployment of the National Pharmaceutical Stockpile (NPS). CDC mobilized an NPS "push package" consisting of more than 50 pallets of medical material funded by the HHS Public Health and Social Service Emergency Fund. This package was sent to New York City within seven hours after its deployment was approved, and a second push package was sent to Washington, D.C., in the days following the attack on the Pentagon. CDC also sent a six-member expert Technical Advisory Response Unit (TARU) for the NPS to New York City and additional staff to Washington, D.C.

Revised the National Pharmaceutical Stockpile push packages so that all material is stored and deployed in specially engineered and designed weather resistant cargo containers. Each of the eight 12-hour push packages weighs more than 50 tons, and each requires a single wide-body cargo aircraft for transport. In a worst-case scenario (for example, a major anthrax attack that called for three-day stop-gap treatment until back-up medical/pharmaceutical supplies arrives), a single 12-hour push package can treat more than 932,000 persons with IV drugs or tablets for postexposure prophylaxis.

The FY 2001 performance target was to "Maintain a national pharmaceutical stockpile for deployment to respond to terrorist use of biological or chemical agents, including the ability to medically treat civilians for biological and chemical agents as delineated in the Draft HHS Bioterrorism Strategic Plan." GPRA targets have been met or exceeded for three years.

Performance Goal: Enhance the capacity of CDC and state and local health departments to prepare for and respond to a biological or chemical terrorism event.

Established a bioterrorism emergency preparedness grant program in nine states and two communities to provide money and technical and program assistance for assessment, plan development, exercise support, and coordinating services. That those communities were New York City and Washington, D.C., both of which were the targets of the September 11 terrorist attacks,

requires at least acknowledgment that these municipal responses in mitigating the adverse health outcomes of the attacks were shaped, in some measure by the planning, preparedness, and mock events facilitated through the grants.

The FY 2001 performance target was 11 states or localities. GPRA targets have been met or exceeded activities for the third consecutive year.

Performance Goal: Enhance the capacity of CDC and state and local health departments to rapidly detect and investigate potential biological events.

Bolstered the country's bioterrorism preparedness and response by

- awarding more than $45 million in cooperative agreements to 50 states, Guam, and four major metropolitan health departments (Chicago, Los Angeles, New York City, and Washington, D.C.) for enhancing epidemiology and surveillance capacity; laboratory capacity for biologic agents and chemical agents;
- expanding the Health Alert Network, which lays the foundation for a nationwide health communications system, to all 50 states, one territory, and four major metropolitan areas.

The FY 2001 target was 55 states or localities. GPRA targets have been met or exceeded activities for the second year.

Performance Goal: Enhance the laboratory capacity of CDC and state and local health departments to rapidly and accurately identify biological and chemical agents that can pose a terrorist threat.

Increased to 120 the number of chemicals in the Rapid Toxic Screen, which in the event of a chemical emergency or situation involving chemical terrorism, would guide medical response personnel by providing vital information on the types and levels of chemical agents involved, helping them render appropriate care to those who have been exposed.

The FY 2001 performance target of increasing to 120 the number of chemicals was met. GPRA targets have been met or exceeded for two of the last three years.

Funded five state environmental health laboratories to provide additional surge capacity if a major chemical terrorism incident involved more specimens than the CDC laboratory could handle.

The FY 2001 performance target of five laboratories was met. GPRA targets have been met or exceeded for the last three years.

Sponsored, in cooperation with Association of Public Health Laboratories (APHL) and the National Laboratory Training Network (NLTN), "Agents of Bioterrorism Level B Laboratory Training." The 64 public health microbiologists who attended this "hands-on" laboratory course are using videos and other course materials to train other state laboratorians.

Supported this GPRA measurement.

Performance Goal: Enhance the capacity of CDC and state and local health departments to rapidly and accurately communicate critical information about biological and chemical terrorism events.

Launched the Public Health Preparedness and Response Web site, www.bt.cdc.gov, to provide crucial information about biological and chemical agents, press releases, surveillance, training, emergency contacts, the National Pharmaceutical Stockpile, and other key information dealing with public health preparedness and response.

The FY 2001 performance target was to have 54 states and major metropolitan areas with health-sector-dedicated communications systems to facilitate/expedite detection and response to terrorist events. GPRA targets have been met for the last two years.

Helped meet the critical need for rapid communication among public health officials in all states and territories through the secure, Web-based tool *Epidemic Information Exchange (Epi-X)*. *Epi-X*, which was launched in December 2000, has reported more than 350 disease outbreaks. This system enables members of the public health community to

- report disease outbreaks particularly those suggestive of bioterrorism rapidly;
- provide secure communications for response teams during bioterrorism events;
- instantly notify colleagues and experts of local or state urgent public health events through e-mail, pager, and telephone;
- research outbreaks and unusual health events through an easily searchable database.

State and local public health professionals use *Epi-X* to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. Within minutes of the September 11 attacks, a secure conference on *Epi-X* allowed state epidemiologists to post surveillance and response information and provided

a channel for HHS, CDC, and state and local health departments to distribute information. After the detection of anthrax in Florida, *Epi-X* staff collaborated with emergency response teams to rapidly post information from CDC to public health officials around the country and worked with states to disseminate information.

The FY 2001 performance target was to have 55 state and local public health professionals who use Epi-X to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. GPRA targets have been met for the last two years.

Performance Goal: Continue efforts to protect the health and safety of first responders during biological and chemical terrorism events.

Provided leadership for preventing and reducing occupational disease, injury, and death for workers who rely on personal protective technologies (PPT), including the nation's 50 million miners, firefighters, and emergency responders, as well as health care, agricultural, and industrial workers. CDC established the National Personal Protective Technologies Laboratory (NPPTL) to undertake research, conduct surveillance, develop standards, certify respirators, evaluate technology, and communicate information. One focus is to develop respirator standards for responders to terrorist attacks and to expand this program into other protective technologies.

The FY 2001 performance target was to issue a report reviewing industrial chemicals that are potential weapons of terrorism and issue a report reviewing national and international standards applicable to the performance of respiratory protection. Supported this GPRA goal.

IMMUNIZATION

Immunizations rank among the greatest public health achievements of the 20th century. CDC provides national leadership as part of the ongoing effort to protect America's children and adults from vaccine-preventable diseases and to ensure the safety of vaccines. Cases of vaccine-preventable diseases are at or near all-time low levels, and childhood immunization rates are at an all-time high. By all counts, efforts to protect U.S. children from vaccine preventable diseases have been a success. Cases of most vaccine-preventable diseases of childhood are now down more than 97% from peak levels before vaccines were available. The numbers of reported diphtheria, measles, rubella, and mumps cases in 2000 were at an all-time low.

Immunization is reported in the CDC financial statements under Immunization.

Performance measures relate to HHS Goal 1: Reduce the major threats to health and productivity of all Americans, specifically Objective 1.7: Reduce the incidence and impact of infectious diseases.

Performance Goals: Reduce the number of indigenous cases of vaccine-preventable diseases.

Achieve or sustain immunization coverage of at least 90% among children 19 to 35 months of age for certain vaccines.

Reduced the number of cases of vaccine-preventable diseases to record low levels and achieved all-time high levels of vaccination coverage for all racial and ethnic groups. Ninety percent or more of all infants receive the recommended vaccines for Haemophilus influenzae type B (Hib), measles-mumps-rubella, diphtheria-tetanus-pertussis, polio, and hepatitis B by age two.

Disease	Goal: number of cases	Actual cases	Performance GPRA Outcome (FY 2000 data)
Paralytic Polio	0	0	(target met)
Diphtheria	0	0	(target met)
Measles	0	60	(target not met, but lowest number of cases ever reported)
Rubella	0	81	(target not met, but lowest number of cases ever reported)
Mumps	500	224	(target exceeded)
Tetanus	0	10	(target not met)
Hib	0	57 (b+ unknown) 41 (Serotype b)	(target not met)

Performance Goal: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Continued progress toward meeting the *Healthy People 2010* goal for immunization coverage rates for influenza and pneumococcal disease among adults aged 65 years and older. These coverage rates have continually increased, to 67% for influenza and 54% for pneumococcal vaccination in 1999, and a preliminary estimate of 68% for influenza coverage in 2000 despite challenges in production and supply of the influenza vaccine.

The FY 2000 performance target was to have vaccinated 70% of adults aged 65 years and older for influenza and 63% for pneumococcal disease. GPRA targets

were met for FY 1999, but the preliminary estimate of 68% coverage for influenza for FY 2000 indicates CDC did not meet its target for that year. Data for FY 2001 are expected by summer 2003.

Performance Goal: Assist domestic and international partners to help achieve WHO's goal of global eradication of polio.

Supported global polio eradication activities by providing scientific and laboratory assistance, assigning CDC staff to polio-endemic countries, and providing grants to the World Health Organization and the United Nations International Children's Fund for vaccine purchase and technical support. The number of polio-endemic countries has been reduced from 20 in 2000 to 10 as of August 1, 2001. The last endemic case of Type 2 polio (one of three polio virus types) was reported in October 1999, suggesting that Type 2 polio virus may have been eradicated.

The FY 2001 performance target was to purchase 625 million doses of oral polio vaccine for mass immunization campaigns in Asia, Africa, and Europe; however, because the price of the vaccine increased by 27%, CDC was able to purchase only 540 million doses.

Performance Goal: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal pneumonia.

Developed—in response to delays and a possible vaccine shortage—recommendations for use of influenza vaccine during the 2001–2002 influenza season. In addition to these recommendations, which were a joint effort with the Advisory Committee on Immunization Practices and other partners, CDC also prepared a media campaign, developed a Web site to facilitate purchase and possible redistribution of influenza vaccine, and provided technical assistance to state and local health departments dealing with vaccine delays.

Supported this GPRA measurement.

Infectious Diseases

Infectious diseases remain a leading cause of death worldwide. Earlier predictions that many infectious diseases could eventually be eliminated proved incorrect, for they did not take into account changes in demographics, human behaviors, and the ability of microbes to adapt, evolve, and develop resistance to drugs. In the United States and elsewhere, infectious diseases increasingly threaten

public health and contribute significantly to the escalating costs of health care. The following highlight some of CDC's accomplishments in protecting the public from infectious diseases during 2001.

Infectious diseases are reported in the CDC financial statements under infectious diseases.

Infectious disease performance measures relate to HHS Goal 1, Objective 1.7: Reduce the incidence and impact of infectious diseases; Goal 5, Objective 5.1: Improve the capacity of the public health system to identify and respond to threats to the health of the nation's population; and Goal 6: Strengthen the nation's health science research enterprise and enhance its productivity.

Performance Goal: Enhance the laboratory capacity of CDC and state and local health departments to rapidly and accurately identify biological and chemical agents that can pose a terrorist threat.

Increased the number of state-based prevention programs funded through cooperative agreements earmarked for Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases from 43 in FY 2000 to 57 in FY 2001, surpassing the GPRA goal of 53.

The FY 2001 performance target was to establish 53 state-based prevention programs through Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreements. GPRA targets have been met or exceeded for the third consecutive year.

Increased the number of EID microbiology fellows trained for employment in public health laboratories to from 73 to 103.

The FY 2001 performance target was to increase the number of EID microbiology fellows trained for employment in public health laboratories to 100. GPRA targets have been met or exceeded for the third consecutive year.

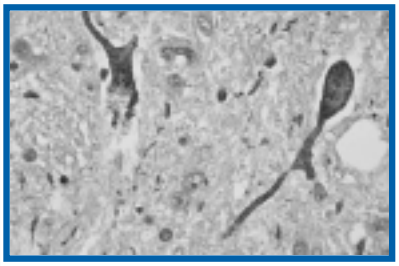
Performance Goal: Protect Americans from priority infectious diseases.

Enhanced capabilities for early detection of influenza viruses with pandemic potential and thereby improve vaccine decision making by expanding to 550 the number of domestic and global sites for monitoring influenza viruses (one site for each 250,000 population domestically and increasing numbers internationally).

The FY 2001 performance target was to have 514 domestic and global sites for monitoring influenza viruses (one site for each 250,000 population domestically and increasing numbers internationally). GPRA targets have been met or exceeded for two consecutive years.

Strengthened the capacity for early identification of foodborne illness and response to these outbreaks by increasing to 45 the number of public health laboratories using PulseNet to build subtyping capacity and exchange foodborne illness data.

The FY 2001 performance target was to have 45 public health laboratories using PulseNet. GPRA targets have been met or exceeded for three consecutive years.



Responded to the threat of the West Nile virus and other arboviral diseases by providing more than $16 million in funding to 47 states, five large cities, and the District of Columbia to bolster their epidemiologic and laboratory capacity for surveillance of and response to, for information and education materials for health care workers and the public, and for staff training.

Supported this GPRA measurement.

Released an action plan *Bovine Spongiform Encephalopathy/ Transmissible Spongiform Encephalopathy (BSE/TSE)* that calls for HHS, other government agencies, the private sector, and the international community to contain this epidemic and assist those affected by it. (This attention is warranted because the transmissible agent of BSE and the transmissible agent of vCJD are indistinguishable by current bioassays from each other; BSE has spread from the United Kingdom to other countries; and vCJD has begun to appear in some countries to which BSE has spread.)

Supported this GPRA measurement.

Published Recommendations regarding the use of smallpox vaccine (June 8, 2001, *MMWR*).

Supported this GPRA measurement.

Performance Goal: Reduce the spread of antimicrobial resistance.

Provided support to 14 health departments and hospitals for surveillance, prevention, and control of antimicrobial resistance.

The FY 2001 performance target was to support 14 health departments and hospitals for surveillance, prevention, and control of antimicrobial resistance. GPRA targets have been met or exceeded for the last two years.

Released the interagency plan *A Public Health Action Plan to Combat Antimicrobial Resistance* that calls for creating a coordinated national antimicrobial resistance surveillance plan; promoting the appropriate use of antimicrobial drugs and preventing the

transmission of infections; researching antimicrobial resistance and mechanisms of transmission; and developing new products to prevent, diagnose, and treat infections.

Supported this GPRA measurement.

Performance Goal: Eliminate tuberculosis in the United States.

Achieved the eighth consecutive year of decline in TB cases, bringing domestic TB morbidity to an all-time low since TB surveillance began. This decline has come about through key strategies such as increasing the percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment[1] and the percentage of infectious TB patients with initial positive cultures who also have drug susceptibility results.[2]

[1] *The FY 2001 performance target was to increase this percentage to 88%. Data for FY 2001 will not be available until later in 2002; however, the percentage increased from 66% in 1994 to 79% in 1999.*

[2] *The FY 2001 performance target was to increase this percentage to 95%. Data for FY 2001 will not be available until later in 2002. The target for FY 2000 was 93%, and the actual performance was 92.7%; the target for FY 1999 was 92%, and the actual performance was 91.9%.*

Epidemic Intelligence Services

The scope of CDC's epidemic services extends to acute and chronic infectious and noninfectious diseases, injuries, nutrition, reproductive health, environmental health, and occupational problems. When local, state, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches specially trained epidemiologists from the Epidemic Intelligence Service to investigate, resolve, and report the problem.

Epidemic Intelligence Service is reported in the CDC financial statements under epidemic services.

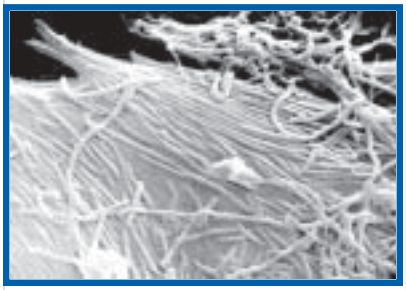
Performance measures relate to HHS Goal 1: Reduce the major threats to health and productivity of all Americans and Goal 5: Improve the nation's public health systems.

Performance Goals: Expand national capacity to conduct prevention effectiveness studies of public health interventions.

Respond to the needs of public health partners through the provision of epidemiologic assistance.

Provided epidemiologic assistance to investigate and control more than 85 outbreaks. These missions, or EPI-AIDS, were carried out by EIS officers under the supervision of staff epidemiologists at CDC and conducted at the request of local and state health departments or ministries of health in several countries. CDC responded to 100% of requests for assistance.

The FY 2001 performance target was to respond to 95% of requests for assistance. GPRA targets have been met or exceeded for the last three years.



Helped investigate and control an outbreak of Ebola hemorrhagic fever (EHF) in Uganda that caused 224 deaths in three Ugandan districts. Rigorous active surveillance, case isolation, contact tracing, and rapid laboratory testing helped to control the outbreak.

Supported these GPRA goals.

Performance Goal: Conduct specialized training programs to provide an effective workforce for state and local health departments, laboratories, and ministries of health.

Provided international health expertise and assistance around the world:

- Completed the first Integrated Disease Surveillance (IDS) guidelines for Africa in print and electronic formats and tested the IDS Guidelines in Burkina Faso and Tanzania.
- Provided a coordinated regional response to the earthquake in El Salvador with representatives from seven Central American countries working on the Hurricane Reconstruction Project.
- Developed a computer-based training module, *Botulism in Argentina*, for use by Field Epidemiology Training Programs in Latin, South, and Central America.

Supported this GPRA measurement.

Performance Goal: Maximize the distribution and use of scientific information and prevention messages through modern communication technology.

Published 86 issues of the *Morbidity and Mortality Weekly Report (MMWR)*, a series of publications that includes the *MMWR* weekly report, *MMWR Recommendations and Reports, CDC Surveillance Summaries,* and the *MMWR Annual Summary.*

The FY 2001 performance target was to publish 86 issues of the MMWR. *GPRA targets have been met for the last three years.*

Improved dissemination of public health information by implementing the *MMWR* communications plan for revising editorial policies, publications, and Web site to incorporate CDC identity themes; posting urgent reports and notices more quickly; expanding the range topics addressed in the *MMWR* family of publications; and incorporating GIS mapping and other new information features to the Web site.

The FY 2001 performance target was to refine MMWR *communication efforts by developing a plan to provide a framework for current activities and to maximize communication of public health messages in print and via the Internet. GPRA targets have been met for the last two years.*

Occupational Safety and Health

Although rates of traumatic injuries are decreasing for many occupations and sectors of industry, workplace injuries continue taking a great toll—each day 16 U.S. workers die and 9,000 suffer disabling occupational injuries. In addition to its leadership efforts in preventing these injuries during 2001, CDC was also involved in identifying and tracking both health outcomes and the work-related conditions associated with them. Such research will bolster public health efforts to understand and prevent work-related illnesses and injuries.

Occupational safety and health is reported in the CDC financial statements under Environmental and Occupational Health.

These performance measures relate to HHS Goal 1: Reduce major threats to the health and productivity of all Americans, specifically Objective 1.2: Reduce the incidence and impact of injuries and violence in American society; Goal 2: Improve the economic and social well-being of individuals, families, and communities in the United States, specifically Objectives 2.4: Improve the safety and security of youth, and 2.5: Increase the proportion of older Americans who stay active and healthy; Goal 5: Improve the nation's public health systems, specifically Objective 5.1: Improve the capacity of the public health system to identify and respond to threats to the health of the nation's population; and Goal 6: Strengthen the nation's health sciences research enterprise and enhance its productivity, specifically Objectives 6.2: Improve our understanding of how to prevent, diagnose and treat disease and disability, 6.3: Enhance our understanding of how to improve the quality, effectiveness, utilization, financing, and cost-effectiveness of health services, 6.4: Accelerate private-sector development of new drugs, biologic therapies, and medical

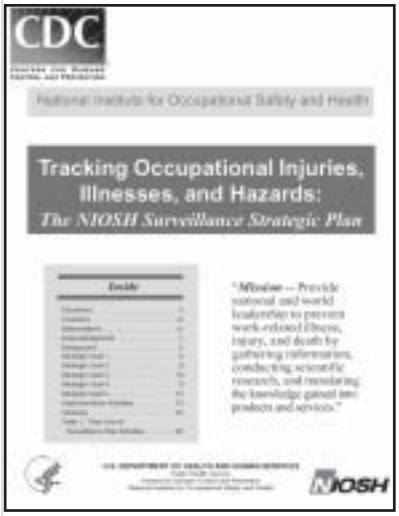
technology, 6.5: Strengthen and diversify the base of well-qualified health researchers, and 6.6: Improve the communication and application of health research results.

Performance Goal: Identify high-risk working conditions by developing a surveillance system for major occupational illnesses, injuries, exposures, and health hazards.

Provided national leadership in developing and using surveillance data for tracking work-related illnesses, injuries and hazards, and for improving occupational safety and health.

- Coordinated the Adult Blood Lead Epidemiology Surveillance (ABLES) program, an effort to identify and track adult blood lead levels among U.S. adults, currently active in 27 states. States use the data to follow up with physicians, target workplace interventions, and prevent continuing exposures.
- Collaborated with 13 state health departments to operate the Sentinel Event Notification System for Occupational Risks (SENSOR) for recognizing and preventing work-related sentinel health events, such as pesticide-related illness, asthma, silicosis, and burns.
- Implemented *Tracking Occupational Injuries, Illnesses, and Hazards: The NIOSH Strategic Surveillance Plan*, developed in collaboration with more than 400 partners, to advance the usefulness of surveillance information for preventing occupational illnesses, injuries, and hazards.

The FY 2001 performance target was to initiate Web-based data dissemination; pilot improved data collection methods; initiate hazard surveys, by workforce sector. GPRA targets have been met for FY 2001.



Performance Goal: Conduct a targeted program of research to reduce morbidity, injuries, and mortality among workers in high-priority areas and high-risk sectors.

Increased funding for the National Occupational Research Agenda (NORA), a framework to guide occupational safety and health research, by 8% intramurally and 19% extramurally. NORA research focuses on 21 priority areas in three categories: disease and injury, work environment and workforce, and research tools and approaches.

The FY 2001 performance target was to increase FY 2000 funding by 12%. GPRA targets have been met for the last two years.

Expanded NORA by joining with 15 federal partners to solicit research applications in NORA's 21 priority areas through program announcements in occupational safety and health, cancer research methods, research on medical services for children, and research on beryllium-induced diseases. CDC also launched four large NORA intramural research programs with $2.8 million in new funding in the areas of traumatic injury research; work organization as a risk factor in cardiovascular disease and depression; preventing injury and illness among nurses; and preventing work-related hearing loss.

The FY 2001 performance target was to establish two additional intramural research programs in targeted NORA areas. GPRA targets have been met for the last two years.

Performance Goal: Promote safe and healthy working conditions by increasing occupational disease and injury prevention activities through workplace evaluations, interventions, and CDC recommendations.

Completed more than 554 health hazard evaluations (HHEs) at worksites—in response to requests from employers, employees, and other government agencies to address potential health hazards and problems such as chemical exposures among workers assembling airline seat cushions resulting in adverse reproductive outcomes; transmission of TB, herpes B, rabies, and spuma virus among primate handlers; and exposures to cutting fluids among machinery operations personnel resulting in hypersensitivity pneumonitis.

The FY 2001 performance target was to maintain HHE site visits; increase consultations; conduct follow-up assessments via the HHE Effectiveness Evaluation Program, and prepare a report; produce documents on emerging issues; provide comments and testimony to federal agencies, as needed. GPRA targets were met.

Investigated more than 100 high-risk work situations and recommended prevention strategies through the Fatality Assessment and Control Evaluation (FACE) program. This program, active in 20 states, determines contributing factors, identifies emerging hazards, and helps develop safety recommendations. CDC issued recommendations for providing better training, building safety devices on certain equipment, complying with child labor laws, having a written safety policy, and ensuring proper operation and maintenance of equipment and machinery.

Supported this GPRA goal.

Conducted 57 investigations to identify the common causes of deaths among firefighters and provided recommendations for preventing similar incidents and improving firefighter safety. An investigation into the deaths of six firefighters in Worcester, Massachusetts, resulted in an important recommendation to inspect vacant buildings for potential hazards in the event a fire should occur.

Supported this GPRA goal.

Chronic Diseases

More than 90 million Americans live with chronic illnesses, and at least 60% of the annual $1 trillion spent on health care is attributable to these conditions. Chronic diseases—including cardiovascular disease, cancer, and diabetes—account for 70% of all U.S. deaths and for one third of the years of potential life lost before age 65. To address escalating health care in the United States, we must also address effective ways to prevent chronic diseases. During 2001, CDC sought to prevent the occurrence and progression of chronic disease by reducing or eliminating behavioral risk factors, increasing the prevalence of health promotion practices, and detecting chronic disease early to avoid complications.

Chronic diseases are reported in the CDC financial statements under chronic disease prevention.

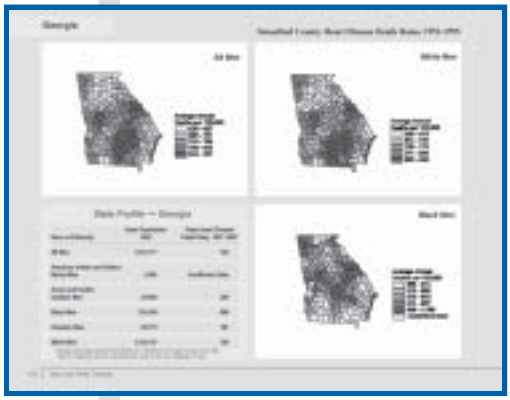
These performance measures relate to HHS Goals 1: Reduce major threats to health and productivity of all Americans, especially Objective 1.1: Reduce tobacco use, especially among youth; 4: Improve the quality of health care and human services, and Objective 4.2: Reduce disparities in the receipt of quality health care services; 5.1: Improve the capacity of the public health system to identify and respond to threats to the health of the nation's population; 6: Strengthen the nation's health sciences research enterprise and enhance its productivity.

Performance Goal: Increase the capacity of state cardiovascular health programs to address prevention of cardiovascular disease at the community level.

Expanded CDC's state-based cardiovascular health programs to include 28 states. CDC also increased the number of states with five of the seven core heart disease and stroke prevention capacities to 15 in FY 2000.

The FY 2001 performance target was to increase to 15 the number of states with five of the seven core heart disease and stroke prevention capacities. GPRA targets have been exceeded for the last two years. Data for FY 2001 are expected to be available in summer 2002.

Developed *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*, a resource that provides a first-ever comprehensive look at the geographic, racial, and ethnic disparities of heart disease death rates among U.S. men aged 35 years and older. The Atlas includes national and state maps and features the first county-level maps of heart disease death rates for all 50 states and the District of Columbia for the five major racial and ethnic groups in the United States and for all men combined. (See this report at http://www.cdc.gov/nccdphp/cvd/mensatlas/index.htm.)



Supported this GPRA goal.

Performance Goal: Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk, underserved women.

Provided more than 3.2 million screening tests to more than 1.3 million women, nearly half of whom belong to racial or ethnic minority groups, through CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Through early detection, the program has diagnosed more than 10,649 breast cancers and 45,154 cervical intraepithelial neoplasia and 767 invasive cervical cancers. Because of a problem with the reporting of the stage of the cancer when it was diagnosed, the percentage of breast cancer cases that were diagnosed at an early stage in FY 2000 (66% diagnosed vs. 72% for the GPRA goal) decreased from previous years. CDC is working with the programs to improve the quality of stage data that are reported in the Minimum Data Elements.

The FY 2000 performance target to diagnose 72% of breast cancer cases at an early stage was not met. The FY 2000 performance target to lower the age-adjusted rate of invasive cervical cancer in women aged 20 and older to not more that 22 per 100,000 Pap tests provided was exceeded. FY 2001 data regarding early screenings for both breast and cervical cancer will be available in spring 2002.

Performance Goal: Improve the quality of state-based cancer registries.

Increased to 70% for FY 2000 the percentage of states funded by CDC's National Program of Cancer Registries that report at least 95% of unduplicated, expected cases of reportable cancer in state residents in a diagnosis year.

The FY 2001 performance target was to increase this percentage to 75%; however, data for FY 2001 will not be available until summer 2002. The GPRA targets were exceeded for FY 2000 and FY 1999.

Published *Progress Toward Nationwide Cancer Surveillance: An Evaluation of the National Program of Cancer Registries (NPCR), 1994–1999*. This analysis of the first five years of the cancer registries program compared the proportion of state registries achieving selected criteria at three time points. Findings reveal notable progress was achieved in the proportion of states having a statewide cancer registry, a law authorizing the registry, supportive statewide regulations, at least 90% of the required data elements, a standardized record layout, and selected standardized approaches to improving data quality.

Supported this GPRA measurement.

Performance Goal: Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.

Provided funding and technical assistance to a national network of Diabetes Control Programs (DCPs) that spans 50 states, the District of Columbia, and eight territories. During FY 2001, CDC

- documented that 100% of the DCPs adopted, promoted, and implemented guidelines for improving the quality of care for persons with diabetes.
- conducted eight studies on translating research findings into clinical and public health practice and published these studies in peer-reviewed journals.
- increased the percentage of persons with diabetes who receive annual eye exams to 69% and foot exams to 62.4% in states receiving CDC funding for DCPs.

FY 2001 performance targets related to this goal included increasing to 100% the number of DCPs that adopt, promote, and implement guidelines for improving the quality of care for persons with diabetes (met); publishing eight studies in peer-reviewed journals (met); and increasing this percentage of persons with diabetes who receive annual eye exams to 72% and foot exams to 62% in states funded for diabetes control programs (did not meet for eye exam, met for foot exams.)

Published *Diabetes and Women's Health Across the Life Stages: A Public Health Perspective*, which defines diabetes as an important women's health issue. CDC also launched a task force to develop a national action plan that will raise public awareness and outline programs to prevent and control diabetes among women.

Supported this GPRA measurement.

Performance Goal: Reduce cigarette smoking among youth.

Funded 50 states, the District of Columbia, and 7 territories as part of the National Tobacco Control Program. CDC is supporting health departments with the planning, development, implementation, and evaluation of tobacco control programs through funding and technical assistance to meet public health goals, including preventing tobacco use among youth. During 2001, 16 states conducted Youth Tobacco Surveys in middle schools, high schools, or both.

The FY 2001 performance target was to reduce the percentage of youth (grades 9–12) who smoke to 34.2%. One measure, June 2000 YRBSS data, indicated achievement of the FY 2001 target, but additional data should be available in summer 2002. GPRA targets were exceeded for FY 1999, the last year for which complete data are available.

Published *Women and Smoking: A Report of the Surgeon General–2001*, which concluded that the rate of tobacco-related disease among women has reached epidemic proportions. For example, lung cancer death rates among women have increased by 600% since 1950, and 27,000 more women die annually of lung cancer than of breast cancer. This report also identifies the factors that influence tobacco use among women and girls and provides data on interventions for smoking cessation and prevention.

Supported this GPRA measurement.

Performance Goal: Influence America's children to develop habits that foster good health over a lifetime including physical activity, good nutrition, and the avoidance of illicit drugs, tobacco, and alcohol.

Released findings from *School Health Policies and Programs Study (SHPPS) 2000*, which was designed to assess the nationwide status of policies and programs across eight school program components: health education, physical education and activity, health services, mental health and social services, food service, school policy and environment, faculty and staff health promotion, and family and community involvement. For example, this report shows that since the first SHPPS study in 1994, the percentage of middle/junior and high schools nationwide with a "tobacco-free environment" has nearly doubled from 37% to 64% and the percentage of school districts that require teaching tobacco use prevention increased from 83% to 92%.

Supported this GPRA measurement.

Performance Goal: Help states monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of health promotion and disease prevention programs.

Increased to 18 the number of states participating in the Behavioral Risk Factor Surveillance System (BRFSS) that complete 4,000 telephone interviews per year.

The FY 2001 performance target of having 18 participating states was met.

Offered guidance on the best ways to provide and receive fluoride through the publication of *Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States* in the *MMWR*. This report reaffirms that water fluoridation and fluoride dental products are both safe and effective for preventing and controlling dental decay. Other dissemination activities are being conducted through partnership activities with professional organizations and state public health agencies.

Not linked to a GPRA goal or target.

Health Statistics

Public health professionals, policy makers, medical professionals, businesses, and researchers all need up-to-date, thorough statistical data on the amount, distribution, and effects of disease and disability. They also need the capability to monitor trends in diseases and conditions, risk behaviors and risk factors, and environmental exposures and risks to design and target appropriate programs. CDC actively worked to collect, assess, and disseminate health data and statistics through many venues in 2001.

Health statistics are reported in the CDC financial statements under health statistics.

Supports HHS Goal 1: Reduce major threats to the health and productivity of all Americans; Goal 5: Improve the nation's public health systems (Objective 5.1); Goal 2: Improve the economic and social well-being of individuals, families, and communities in the United States (Objectives 2.5 and 2.6); Goal 3: Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs (Objectives 3.1–3.3, 3.6, 3.9); Goal 4: Improve the quality of health care and human services (Objectives 4.1 and 4.4); and Goal 6: Strengthen the nation's health science research enterprise and enhance its productivity (Objectives 6.1–6.3 , 6.6–6.7).

Performance Goal: Monitor trends in the nation's health through high-quality data systems addressing issues relevant to decision makers.

Monitored a broad range of trends and issues critical to understanding the health of Americans and the national health care system. Examples of key data findings in 2001 include these:

- Concentrations of folate, a vitamin that is essential in preventing neural tube defects, have increased in the blood of women of childbearing age. In 1998, the Food and Drug Administration mandated that all cereal grain products be fortified with folic acid.
- The rate of overweight children, adolescents, and adults, in the United States continues to increase, and since these data were first collected during the 1960s, the rate has nearly doubled.
- A steady, persistent decline in the birthrate for teenagers aged 15–19 years, which, since its peak in 1991, has fallen 22%. The decline was particularly significant for African-American teenagers aged 15–19 years, for whom the rate has decreased 31% since 1991.
- Women between 15–44 years of age continue to have higher rates of outpatient department visits than do men of the same age. Such information allows policy makers to understand how people access and use a constantly changing health care system.

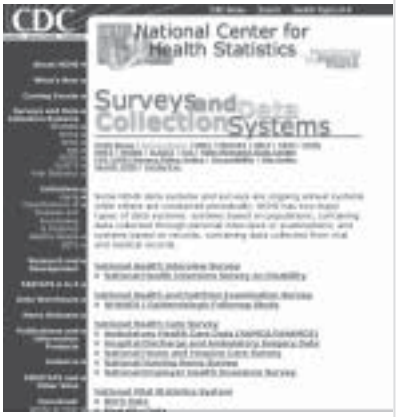
The FY 2001 performance target of conducting ongoing surveys and data systems that produce detailed trend data for monitoring health was met. GPRA targets have been met or exceeded for two of the last three years

Performance Goals: Make data more readily available to decision makers and researchers.

Disseminate health data in innovative ways.

Disseminated data faster through innovative means, including the Internet.

- Initiated an early release system for key health information from 2000 and the beginning of 2001, such as current smoking rates, alcohol consumption, HIV testing, influenza vaccination rates, and health insurance coverage. Released directly on the Internet, these are some of the most current statistics available.



- Provided more than 50 researchers, both public and private, access to secure, detailed data files through the Research Data Center. This innovative system allows researchers to access survey data without undermining the confidential nature of the data.

The FY 2001 performance targets of reducing time lags for core data systems and making health statistics available via new products and formats for the Internet were met.

Released *Health, United States with Chartbook the Urban and Rural Health*, the 25th annual report that presents national trends in health statistics. This latest edition includes a chartbook describing the health of residents living in counties of different urbanization levels. Selected findings include these:

- Death rates for working-age adults were higher in the most rural and most urban areas (422 and 420 per 100,000 population, respectively), and the lowest in the suburbs (319 per 100,000 population).
- Suburban residents were more likely to exercise during leisure time. Only 31% of suburban residents reported inactivity during leisure time compared with 40% of residents in most urban areas and 47% in rural areas.
- The most rural and the most urban areas had a similarly high percentage of residents without health insurance.
- Overall, teenagers and adults in rural counties were the most likely to smoke. However, teenagers in the Midwest were more likely to smoke if they lived in the suburbs (18%) or small towns (19%) than in rural areas (18%).

Supported these GPRA goals.

Environmental Health

Diseases and health problems that are spread through water, food, air, waste, and other vectors pose serious public health threats. Many state and local health departments lack the resources to prevent or respond to many environmentally caused diseases. Moreover, a lack of information on the types and amounts of toxic substances that affect people's health hinders public health efforts to address these problems.

Environmental health is reported in the CDC financial statements under Environmental and Occupational Health.

Environmental health measures relate to HHS Goal 1: Reduce major threats to the health and productivity of all Americans, and Goal 5: Improve public health systems.

Performance Goal: Periodically determine the number of Americans exposed to environmental chemicals and the degree of their exposure.

Published biomonitoring data from CDC's National Health and Nutrition Examination Surveys (NHANES) in the first *National Report on Human Exposure to Environmental Chemicals.* This report documents exposures of the U.S. population to 27 environmental chemicals (the next report will be expanded to include the 50 chemicals for which testing was done this year), including various metals, cotinine, organophosphate pesticides, and phthalates. This information will help in assessing the effectiveness of public health efforts to reduce exposures to specific chemicals

The FY 2001 GPRA target was to test a sample of Americans for tissue exposure to 50 priority environmental chemicals and to report on the 27 substances tested for in the previous year. The GPRA targets were met for the last two years.

Performance Goal: Improve state and local public health capacity to prevent and control asthma.

Supported states and cities in building their capacity for responding to respiratory health threats from air pollution:

- Funded 23 sites in community health organizations, hospitals, and nonprofit organizations to implement the Inner-City Asthma Intervention program to reduce the burden of asthma on inner-city children.
- Provided funding for Controlling Asthma in American Cities to improve overall asthma management to decrease asthma-related morbidity among children in urban centers to various public and private nonprofit organizations, universities, hospitals, and city or county health departments.
- Funded states for Addressing Asthma from a Public Health Perspective to develop state capacity to address asthma and implement state asthma control plans.

The FY 2001 GPRA target was for 18 states to have implemented core asthma programs. The GPRA targets were exceeded for the last two years.

Performance Goal: Increase the capacity of state and local health departments to deliver environmental health services in their communities.

Strengthened the capacity of states to solve environmental health problems:

- conducted chemical and microbial assessments of ground and surface water close to large-scale swine, cattle, and poultry feeding operations in Iowa, Ohio, North Carolina, Virginia, and Maryland;
- collaborated with the U.S. Geological Survey and the U.S. Environmental Protection Agency to assess exposure and health effects of sulfates, disinfection by-products, nitrates, pharmaceuticals, and arsenic in drinking water in 12 states;
- studied the effects of pesticide exposures and endocrine-disrupting chemicals, especially among children and reproductive-aged women;
- conducted a community-based rapid assessment of current needs with a focus on mental health and people returning to their homes near the World Trade Centers in New York City following the terrorist attacks on September 11, 2001.

The FY 2001 GPRA target was increase to five the number of state and local health departments provided with consultation or technical assistance to address environmental health service issues. The GPRA target was met.

Provided public health and safety oversight in the safe destruction of 13.6 million pounds of lethal sarin, mustard, and VX chemical warfare agents, which accounts for approximately 21.6% of the total inventory of stored chemical munitions in the United States. CDC also helped plan the construction of the next three U.S. chemical stockpile disposal incinerator system sites.

Not linked to a GPRA measurement but supports HHS Goal 1: Reduce major threats to the health and productivity of all Americans.

ATSDR and Environmental Health

ATSDR, a separate agency aligned with CDC, conducts crucial work, much of which directly or indirectly supports the GPRA Performance Goal to "Increase understanding of the relationship between environmental exposures and health effects." These four performance items highlight some of ATSDR's accomplishments during FY 2001.

Documented that approximately 30% of the more than 1,078 persons in Libby, Montana, who were screened for exposure to tremolite asbestos in vermiculite ore tested positive for possible asbestos-related abnormalities. Although, final risk estimates cannot be determined by this preliminary information, current test results show a higher proportion of people with asbestos-related lung abnormalities.

Supported this GPRA goal.

Strengthened the public health focus on children's environmental health issues through the regional Pediatric Environmental Health Specialty Units, whose staff clinically evaluated more than 900 children, conducted more than 30,600 telephone consultations, and provided more than 8,500 education and training activities to medical and health professionals.

Supported these GPRA goals.

Initiated a program to evaluate the human health effects potentially associated with contaminants found to be part of the subsistence lifestyle among the Alaska Native population.

Supported these GPRA goals.

Released a toxicological profile update on DDT that the United Nations is using in treaty negotiations on worldwide banned substances. Although DDT does assist in malaria control, its adverse effects on humans still warrants consideration for a worldwide ban.

Supported these GPRA goals.

Public Health Systems and Workforce Development

Developing and maintaining a strong, modern public health infrastructure and ensuring that the national public health workforce is well-trained, informed, and capable of responding to ever evolving health threats are important priorities for CDC. The following represent some of CDC's key efforts to develop further its capabilities to protect the health of America's communities from the myriad challenges posed by current, new, and emerging health threats.

Public health systems and workforce development are cross-cutting activities that are reported in the CDC financial statements under several areas.

Supports HHS Goal 1: Reduce major threats to the health and productivity of all Americans; Goal 4: Improve the quality of health care and human services; Goal 5: Improve the nation's public health systems; and Goal 6: Strengthen the nation's science research enterprise and enhance its productivity.

Performance Goal: Prepare local, frontline public health workers to respond to current and emerging public health threats.

Established four additional Centers for Public Health Preparedness to develop and disseminate competencies based on public health curricula, bringing the total to 11. These centers, combined with CDC's other public health training programs, such as the Public Health Training Network, work together to ensure that local public health workers are fully prepared to respond to current and emerging health threats, including bioterrorism or other types of terrorism. The centers provide training, information, and assessment.

The FY 2001 GPRA target to establish four additional Centers for Public Health Preparedness at academic institutions was met.

Tested in four states and 175 local health departments an assessment tool for health departments to use in evaluating their capacity to perform essential public health services effectively, including responding to public health threats and emergencies.

The FY 2001 GPRA target to assess the capacity of state and local health departments and laboratories was met.

Established the first three Centers for Genomic and Public Health within schools of public health to provide information on integrating genomics into public health policy and practice. CDC also provided technical assistance about this integration to four state health departments.

Supported this GPRA goal.

Performance Goal: Strengthen the ability to obtain and disseminate extramural research findings to partners, public health practitioners, and the public.

Developed a new process and emphasis for prevention research grants to better attract high-caliber applicants qualified to answer questions with real world relevance and applicability. To improve extramural prevention research processes and outcomes, CDC has

- redesigned the grants process to support investigator-initiated research that will be evaluated on the basis of peer review;
- developed a comprehensive manual to encourage and guide the use of peer review across CDC;
- established a Web site and publication (www.phppo.cdc.gov/eprp) to provide up-to-date information on the extramural prevention research program and the projects it has funded.

The FY 2001 GPRA target to develop and assess communication strategies and targets for efficacy and reach to specific audiences was met.

Implemented a web-based system, *CDC Recommends*, that provides more than 400 public health guidelines and recommendations. This information is available from CDC's home page, www.cdc.gov or www.phppo.cdc.gov/cdcrecommends/AdvSearchV.asp.

Supported this GPRA goal.

Disseminated nationwide the 2000 CDC Report to the Senate, *Public Health's Infrastructure—A Status Report* (http://www.phppo.cdc.gov/documents/phireport2_16.pdf). Congress passed the landmark, Public Health Improvement Act (PL 106–505), authorizing immediate actions for building core public health capacities and remedying deficiencies in seven priority areas (http://www.phppo.cdc.gov/documents/KoplanASTHO.pdf):

- Public health workforce—trained and prepared to rapidly respond.
- Laboratory capacity—to produce timely and accurate results.
- Epidemiology and surveillance—the ability to rapidly detect health threats.
- Secure, accessible information systems—to communicate, analyze, and interpret health data.
- Swift, secure, two-way communication—to provide timely, accurate information to the public and advice to policy makers in emergencies.

- Preparedness and response capability—including response plans and testing and maintaining a high-level of preparedness.
- Policy and evaluation capability—to establish priorities for preparedness and ensure appropriate laws and authorities are in place.

Supported this GPRA goal.

Revised technology standards and guidelines for technology-based learning at federal, state, and local levels; established the roles of state and local distance learning coordinators.

Supported this GPRA goal.

Bolstered the public health capacity to provide training and leadership by increasing the number of Sustainable Management Development Program graduates who conduct training in developing countries from 160 to 176 and the number of states served by leadership development programs from 32 to 40.

Supported this GPRA goal.

Performance Goals: Provide a variety of standardized and integrated means for access to CDC information resources by health practitioners and the public.

Enhance CDC's information security program.

Provided rapid, secure access to key public health data for researchers, policy makers, and the public by improving the infrastructure and content of the CDC Internet Web site, which—with more than 4 million different visitors per month—is one of the most frequently visited government Web sites. CDC experienced no serious losses, alterations, or releases of data.

The FY 2001 GPRA targets to increase public access to CDC information resources through the CDC Web site and to protect CDC's data systems from serious losses, alterations, or releases of critical or sensitive date were met.

Injury Prevention

Unintentional injuries caused by falls, fires, drownings, motor vehicle crashes, and other such events are not considered "accidental" but rather preventable. Preventing injuries costs far less than treating them; consequently, CDC is engaged in a wide range of activities and programs that have the potential to reduce deaths, injuries, and disabilities.

Injury prevention is reported in the CDC financial statements under injury prevention and control.

Relates to HHS Goal 1: Reduce major threats to the health and productivity of all Americans.

Performance Goal: Reduce the incidence of youth violence.

Provided leadership and coordination for multifaceted efforts to reduce violence among our nation's young people:

- Launched a National Youth Violence Prevention Resource Center, which features a Web site (www.safeyouth.org) that already has experienced more than 3 million hits; toll-free English and Spanish hotlines; and a fax-on-demand service.
- Published *Best Practices for Youth Violence Prevention: A Sourcebook for Community Action* in print and electronically (http://www.cdc.gov/ncipc/dvp/bestpractices.htm).
- Established 10 Academic Centers of Excellence for Youth Violence to develop prevention efforts close to home and bridge the gap between academic institutions and the community.

The FY 2001 GPRA target to provide technical assistance to at least five communities was met through the academic centers. The other activities supported this performance goal.

Performance Goal: Reduce the incidence of violence against women.

Began establishing surveillance systems to monitor intimate partner violence in three states and developed uniform definitions and data elements. CDC will analyze the data after states have collected data for one year or more.

The FY 2001 GPRA target to develop and test a surveillance system for collecting intimate partner violence data was met.

Performance Goal: Improve the timeliness and quality of data used to determine the medical and social impact of traumatic brain injury (TBI).

Released *Traumatic Brain Injury in the United States: Assessing Outcomes in Children,* to help advance research and registry development regarding the outcomes of TBI. Data from CDC's two state registries were used in developing this publication.

The FY 2001 GPRA target to use state surveillance and follow registries data to disseminate information of TBI trends was met.

Continued collecting data on people who were diagnosed with, hospitalized for, or died from TBI to estimate its incidence and to monitor trends. States used these data to increase services and prevention programs for TBI. For example, South Carolina used the CDC-supported data and saw its budget for disabilities increase from less than $1 million in 1995 to more than $9 million in 2001.

The FY 2001 GPRA target to implement an interview instrument for TBI follow-up and to disseminate information on the outcomes associated with TBI disability was partially met.

Published *U.S. Fall Prevention Programs for Seniors—Selected Programs Using Home Assessment and Modification*, a document that describes effective programs for preventing falls and their key components and that serves as a model for agencies or organizations that want to develop fall prevention programs for older adults.

Not linked to a GPRA goal.

Birth Defects and Developmental Disabilities

More than 120,000 infants are born with birth defects each year in the United States. The most common 17 birth defects cost approximately $6 billion for children born in a single year. With medical advances, more babies with serious birth defects are surviving, and many experience lifelong disabilities, illness, and social challenges. In addition, 17% of U.S. children under the age of 18 have some type of developmental disability. Children and adults living with disabilities often suffer from secondary medical, social, emotional, family, and community problems.

CDC works to monitor trends in birth defects over time, determine what causes birth defects, and develop and evaluate prevention strategies. Because most causes of birth defects and developmental disabilities remain unknown, prevention is not possible for most of them, though programs have been developed to promote folic acid use to prevent spina bifida and to promote alcohol-free pregnancy to prevent fetal alcohol syndrome. CDC also works to prevent secondary conditions and to promote health and wellness for children and adults living with disabilities.

Birth defects and developmental disabilities are reported in the CDC financial statements under Environmental and Occupational Health.

Performance objectives are related to HHS Goal 1: Reduce major threats to the health and productivity of all Americans, and Goal 5: Improve the nation's public health systems.

Established the National Center on Birth Defects and Developmental Disabilities, which provides national leadership for preventing birth defects and developmental disabilities and for improving the health and wellness of people with disabilities through such activities as

- increasing the number of women who consume daily 400 micrograms of the B-vitamin folic acid to prevent serious birth defects;
- decreasing the number of women drinking alcohol during pregnancy to reduce of the damage caused by alcohol to the developing fetus;
- monitoring health and developmental outcomes of infants with hearing loss;
- finding causes and risk factors of birth defects and developmental disabilities;
- improving the data on the prevalence of birth defects and developmental disabilities;
- improving the health and wellness of people living with a disability.

The creation of the new National Center on Birth Defects and Developmental Disabilities during FY 2001 will enable CDC to better meet the GPRA targets each of these activities will support. This new center will be refining and developing GPRA measures.

Performance Goal: Increase the number of states participating in the National Birth Defects Prevention Network.

Increased to 50 the number of states participating in the National Birth Defects Prevention Network (the goal for FY 2001 was 38 states). CDC is upgrading this goal to count only the states that contribute high-quality data to the National Birth Defects Prevention Network.

The FY 2001 GPRA target was to increase the number of participating states to 38. GPRA targets have been met or exceeded for the last three years.

Performance Goal: Monitor, characterize, and improve the health status of Americans with disabilities.

Increased the number of states biennially using the state Behavioral Risk Factor Surveillance System to monitor the health status of people with disabilities from 14 to 50.

The FY 2001 GPRA target was to increase the number of participating states to 14. GPRA targets have been met or exceeded for the last three years.

Sexually Transmitted Diseases

The United States continues to record the highest STD rates in the industrialized world. Domestically, STDs are the most commonly reported infections of all notifiable diseases reported to CDC. Because most STDs are asymptomatic and several of the most common STDs are not routinely reported, the true burden of STDs is many times greater than that reflected by national surveillance statistics. An estimated 15 million new cases of non-HIV STDs, such as syphilis, chlamydia, gonorrhea, genital herpes, and human papillomavirus (HPV), occur each year at an annual cost of at least $10 billion.

Funding for sexually transmitted diseases is reported in the CDC financial statements under infectious diseases.

Performance measures relate to HHS Goal 1: Reduce the major threats to health and productivity of all Americans and Goal 5: Improve the Nation's public health systems.

Performance Goal: Reduce STD rates by providing chlamydia and gonorrhea screening, treatment, and partner treatment to 50% of women in publicly funded family planning and STD clinics nationally.

Continued prevention of infertility and other significant complications of chlamydia and gonorrhea through research, screening and treatment programs for at-risk women nationwide. Declines in chlamydia positivity have been demonstrated in multiple venues where at-risk women have been screened. For example, CDC made continued progress toward targets for reducing the prevalence of chlamydia among women aged 15–24 years who were attending family planning clinics (reduction in test positivity from 5.5 % in 1999 to 5.2% in 2000).

Supported this GPRA target.

Performance Goal: Reduce the incidence of primary and secondary syphilis through the development of syphilis elimination action plans for each state that had a primary and secondary syphilis rate in 1995 of ≥4 per 100,000 population and an HIV prevalence in childbearing women of >1 per 1,000.

Continued to achieve historically low overall rates of syphilis and to reduce racial disparities in the incidence of syphilis. Nationwide rates of congenital syphilis have fallen by 50%, and 93% of U.S. counties have decreased the incidence of primary and secondary syphilis in the general population to ≤4/100,000. CDC collaborates with state and local health departments and with the National Institutes of Health, Substance Abuse and Mental Health Services Administration, National Institute of Justice, Association of Public Health Laboratories, and American Social Health Association to provide technical guidance regarding clinical services and to implement research and demonstration projects. (See more information at http://www.cdc.gov/nchstp/dstd/dstdp.html.)

FY 2001 GPRA targets were to increase to 90% the number of U.S. counties with an incidence of primary and secondary syphilis of = ≤4/100,000 and to increase the percent reduction in the racial disparity by 15%. CDC achieved both targets for FY 2000; data for FY 2001 will be available in late summer 2002.

Performance Goal: Improve HIV intervention and prevention programs and continuity of care.

Continued efforts to prevent HIV infection and to improve access to and continuity of care.

- Initiated a new media campaign to encourage persons at high risk to learn their HIV status, to raise awareness of the benefits of HIV testing, and to address barriers to testing and treatment.
- Published *HIV Prevention Strategic Plan Through 2005.*
- Provided technical assistance, based on this strategic plan, to states for evaluation of HIV prevention programs.

FY 2001 GPRA targets, to provide technical assistance—based on use of a guidance document—to all community planning groups requesting assistance, were met.

Performance Goal: Working with other countries, USAID, and international and U.S. government agencies, reduce the number of new HIV infections among 15- to 24-year-olds in sub-Saharan Africa from an estimated 2 million by 2005.

Expanded global AIDS activities from 15 to 24 countries in Africa, Asia, and Latin America through an increase of $69.5 million (for a total of $104.5 million) for global HIV/AIDS programs. These programs focus on improving primary prevention of HIV, preventing perinatal transmission of HIV, care and treatment for HIV/AIDS and related opportunistic infections, and the capacity of countries to collect and use surveillance data and manage HIV/AIDS programs.

In FY 2001, CDC set targets for this goal involving initiating, expanding, or strengthening certain HIV/AIDS activities in priority countries. CDC exceeded the target for three of these activities (surveillance; technical assistance for treatment of STDs, TB, and other opportunistic infections; and perinatal HIV prevention) and missed its target by one country for the other (voluntary counseling and testing).